

57365

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 015-002304

GENERATOR (Generator Must Complete) ALUMINUM COMPANY OF AMERICA 2 Name VERNON WORKS EPA NO. CAD074126681 Address 5151 ALCOA AVE. Phone No. 588-6141 City, State, Zip VERNON, CA 90058		3 Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES, INC. EPA NO. CAD080012024 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA		4 Alternate TSD Facility Name CHEMICAL WASTE MANAGEMENT INC. EPA NO. CAT000646117 Address P.O. BOX 1104, 430 W. ELM AVE. City, State, Zip COALINGA, CA 93210	
5 U.S. DOT PROPER SHIPPING NAME WASTE WASTE		U.S. DOT HAZARD CLASS		UN/NA ID NO.	
WEIGHT OR VOLUME		UNITS		CONTAINERS NUMBER: TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER	
6 WASTE CATEGORY 47 & 48		7 EX. HAZ. WASTE PERMIT NO.		8 GENERATING PROCESS ALUMINUM FABRICATION	
LIST COMPONENTS:		CONC. UPPER		RANGE LOWER	
9 A. _____		_____		UNITS _____	
B. _____		_____		_____	
C. _____		_____		_____	
D. _____		_____		_____	
10 WASTE PROPERTIES: pH 7		<input type="checkbox"/> Toxic		<input type="checkbox"/> Flammable	
11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge		<input type="checkbox"/> Corrosive/Irritant		<input type="checkbox"/> Reactive	
12 SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator		<input type="checkbox"/> Gas		<input type="checkbox"/> Sensitizer	
		<input type="checkbox"/> Other		<input type="checkbox"/> Carcinogen/Mutagen	
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.					
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802		13 Signature of Authorized Agent and Title		81-05-01 Date Shipped	
TRANSPORTER (HAULER MUST COMPLETE) 14 NAME ASBURY OIL CO. EPA NO. CAD028277036 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249		15 PICK-UP DATE 81-05-01 TIME 120 AM PM		81-05-01 Date	
16 Signature of Authorized Agent and Title		17 NAME		18 QUANTITY (If Measured)	
19 STATE FEE (If Any)		20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:		21 HANDLING OR DISPOSAL METHOD:	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:		22 NAME		<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill	
EPA NO.		EPA NO.		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
				<input type="checkbox"/> Treatment (Specify)	
				<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
				5-1-81	
				23 Signature of Authorized Agent and Title	
				Date Accepted	